

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS391AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2009
NAME OF PROVIDER OR SUPPLIER ST JOSEPH GROUP CARE 2		STREET ADDRESS, CITY, STATE, ZIP CODE 4180 E CINCINNATI AVENUE LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 7/27/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for six (6) Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 6 residents. Six resident files were reviewed and 2 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. There were no complaints investigated The following deficiencies were identified:	Y 000	<p><i>POC Accepted B. Kent 8/11/09</i></p> <p>Y176-</p> <p>1. After the survey, the 702 Pest Management was called to conduct another pest control for the month because of some complaints from the clients. The beds of the two residents were changed.</p> <p>2. The caregiver was tasked by the Administrator to report immediately if she notice of any insects or bugs inside the facility so the pest control management who service the facility every month will be notified and proper treatment will be made.</p> <p>3. The Administrator will monitor for compliance.</p> <p>4. 07/29/09</p> <p>Attachment #1 - Copy of 702 Pest Management Service Report & Invoice; Receipts of 2 Beds Replaced</p> <p>RECEIVED AUG 03 2009</p> <p>BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	
Y 176 SS=E	449.209(4)(c) Health and Sanitation-Insects, Rodents NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (c) Insects and rodents. This Regulation is not met as evidenced by:	Y 176		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Maneta Narces

TITLE
Administrator

(X6) DATE
8/3/09

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Y 176	Continued From page 1 Based on observation and interview on 7/27/09, the facility failed to keep 1 of 3 bedrooms free from bugs & insects. Findings include: Two (2) of (6) residents reported that they were being bitten by bugs at night while in their beds. On 7/27/09, 1 of 6 residents had evidence of tiny insect bites on his legs and arms. The resident reported that the most recent incident occurred on the night of 7/26/09, while he was in his bed sleeping. Interview with the Administrator indicated and provided documentation of a current monthly pest control agreement. Severity: 2 Scope: 2	Y 176	Y179- 1.The window screen in the kitchen and in bedroom #3 were provided with screen after the survey. 2.The Administrator will in- spect the facility every month to check the condi- tion of the house like the screen to ensure that no insects can get in or out of the facility.The care- giver was instructed too to make a report of any things that needs to be repaired or replaced.		
Y 179 SS=F	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation on 7/27/09, the facility failed to provide screen on the windows to prevent the entry of insects. Findings include: There was no window screen on the window located in the kitchen and in Bedroom #3.	Y 179	3.The Administrator will mo- nitor for compliance. 4.07/30/09 Attachment #2 - Receipt of Window Screen		

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Y 179	Continued From page 2	Y 179		
Y 276 SS=E	<p>Severity: 2 Scope: 3</p> <p>449.2175(7) Nutrition and Service of Food</p> <p>NAC 449.2175</p> <p>7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 7/27/09, the facility failed to provide meals suitable to the residents for 3 of 6 residents (#1, #3).</p> <p>Findings include:</p> <p>Review of the facility's menus from 1/09 through 7/09 revealed that the facility was serving the same exact items on the menu in the same order.</p> <p>Interview with 3 of 6 residents indicated that the facility does not serve the items listed on the menu. The residents were given cold sandwiches daily for lunch and cold cereal for breakfast. The menu revealed that the facility serves items like; waffles, coffee, sausage, bacon, oatmeal, eggs & muffins for breakfast. The menu also revealed that the facility serve burritos, roast beef, turkey</p>	Y 276	<p>Y276-</p> <ol style="list-style-type: none"> 1. Substitute menus were provided in the facility to ensure that client's need will be met and a choice of substitute menu for the day will be available. 2. The caregiver's attention was called by the Administrator to provide a nutritious meals every day to ensure that their needs are being met and if meal substitution is needed, make the necessary correction on the regular menus. 3. The Administrator will monitor for compliance. <p>4. 07/27/09</p> <p>Attachment #3 - Copy of Substitute Menus</p>	

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Y 276	Continued From page 3 sandwiches and hot dogs for lunch. Three of 3 residents indicated that these items are never or rarely ever served. There were no meal substitutions documented on the menu. Residents indicated that they were not provided an variety for meals or meals that they like to eat. Severity: 2 Scope: 2	Y 276	Y301- 1.The window in Bedroom #3 can be ope from inside of the facility. The bolt that was put was removed and can open inside or outside of the facility.		
Y 301 SS=D	449.218(2) Bedrooms - Window Requirement NAC 449.218 2. Each bedroom in a residential facility must have one or more windows that can be opened from the inside without the use of tools or a door to the outside which is at least 36 inches wide and can be opened from the inside. This Regulation is not met as evidenced by: Based on observation and interview on 7/27/09, the facility failed to ensure 1 of 3 bedrooms had a window that could be opened from the inside of the facility without the use of a tool (bedroom #3). Findings include: The window in Bedroom #3 was not able to be opened from the inside of the facility. Interview with Employee #2 indicated the facility "bolted" the window shut, so an ex-resident of the facility could not return. Employee #2 demonstrated that the window was unable to be opened. Severity: 2 Scope: 1	Y 301	2.The caregiver will inspect every month and make a report to the Administrator of any needs or repairs that must be done in the facility. Windows must be checked all the time to ensure that they can be opened inside or outside of the facility to enable the clients have an access in case of emergency. 3.The Administrator will monitor for compliance. 4.07/27/09		

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Y 527 SS=F	<p>449.260(1)(b) Activities for Residents</p> <p>NAC 449.260 1. The caregivers employed by a residential facility shall: (b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 7/27/09, the facility failed to provide individual or group activities that provide group activities that provide mental and physical stimulation and develop creative skills and interest for 6 of 6 residents (#1, #2, #3, #4, #5, #6).</p> <p>Severity: 2 Scope: 3</p>	Y 527	<p>Y527-</p> <p>1. Schedule of Activities was posted in the Bulletin Board every month.</p> <p>2. The caregiver will motivate the clients to actively participate in the daily activity posted in the Bulletin board. An incentive will be provided and a surprise gift will be given to those who will participate.</p> <p>3. The Administrator will monitor for compliance.</p> <p>4. 07/27/09</p> <p>Attachment #4- Schedule of Daily Activities for the Month</p>		

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